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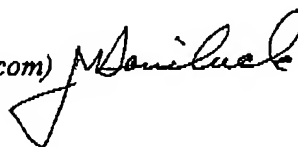
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FAX COVER SHEET

Date: Friday, November 11, 2005**Number of Pages:** Cover sheet plus 13 page(s)**To:** Examiner Phong Nguyen**Company:** U.S.P.T.O.**Your Reference:** Serial No. 10/630,342**Fax Number:** 571-273-8300**From:** John V. Daniluck (jdanyluck@uspatent.com)**Our Reference:** 11009-22 11 Nov 2005**Comments:** Included with this transmission:

- Fee transmittal
- Credit Card Payment Form
- Response to Advisory Action – 11 pages

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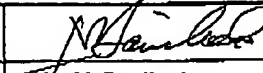
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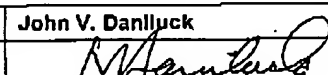
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<p><i>Effective on 12/08/2004.</i> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2005</h3>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>10/830,342</td> </tr> <tr> <td>Filing Date</td> <td>July 30, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Alan R. Pfaff, Jr.</td> </tr> <tr> <td>Examiner Name</td> <td>Phong Nguyen</td> </tr> <tr> <td>Art Unit</td> <td>3724</td> </tr> <tr> <td>Attorney Docket No.</td> <td>11009-22</td> </tr> </table>		Application Number	10/830,342	Filing Date	July 30, 2003	First Named Inventor	Alan R. Pfaff, Jr.	Examiner Name	Phong Nguyen	Art Unit	3724	Attorney Docket No.	11009-22																		
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<p>RECEIVED CENTRAL FAX CENTER NOV 11 2005</p>																															
TOTAL AMOUNT OF PAYMENT (\$) 400																																	
METHOD OF PAYMENT (check all that apply)																																	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																	
<input checked="" type="checkbox"/> Deposit Account Deposit Account number: <u>23-3030</u> Deposit Account Name: <u>Woodard, Emhardt, Moriarty, McNett & Henry LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																																	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments.																																	
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>																																	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																	
FILING FEES		SEARCH FEES																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> </tr> </tbody> </table>		Application Type	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	Design	200	100	Plant	200	100	Reissue	300	150	Provisional	200	100	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>250</td> </tr> <tr> <td>100</td> <td>50</td> </tr> <tr> <td>300</td> <td>150</td> </tr> <tr> <td>500</td> <td>250</td> </tr> <tr> <td>0</td> <td>0</td> </tr> </tbody> </table>		Small Entity Fee (\$)	Fee (\$)	500	250	100	50	300	150	500	250	0	0
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2. EXCESS CLAIM FEES																																	
Fee Description		Fee (\$)																															
Each claim over 20 (including Reissues)		50																															
Each independent claim over 3 (including Reissues)		200																															
Multiple dependent claims		360																															
Total Claims <u>22</u> -24 or HP = <u>0</u> x <u>x</u> = <u>0</u> <small>HP = highest number of total claims paid for, if greater than 20</small>		Multiple Dependent Claims Fee (\$) Fee Paid (\$) <u>x</u> = <u>0</u>																															
Independent Claims <u>5</u> -3 or HP = <u>2</u> x <u>200</u> = <u>400</u> <small>HP = highest number of independent claims paid for, if greater than 3</small>																																	
3. APPLICATION SIZE FEE																																	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(e).																																	
Total Sheets <u>100</u> -100 = <u>0</u> /50 = <u>0</u> (round up to a whole number)		Fee (\$) Fee Paid (\$) <u>x</u> = <u>0</u>																															
4. OTHER FEE(S)																																	
Non-English Specification, \$130 fee (no small entity discount)		Fee Paid (\$)																															
Other (e.g., late filing surcharge): _____		Fee Paid (\$)																															

SUBMITTED BY:

Signature		Registration No.: (Attorney/Agent)	40,581	Telephone:	(317) 634-3456
Name (Print/Type):	John V. Daniluck		Date:	11 Nov 2005	

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being directed to the Commissioner of Patents via facsimile to the Examiner of record at 571-273-8300 on November 11, 2005.	
Name (Print/Type)	John V. Daniluck
Signature	
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11009-22:JVD:372043

WEMMH #317053 (Rev. 7/05)

11009-22:JVD:371705

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In re patent application of:) Before the Examiner
Alan R. Pfaff, Jr.)
Serial No. 10/630,342) Phong H. Nguyen
Filed: July 30, 2003) Group Art Unit 3724
METHOD AND APPARATUS FOR)
SCRAP REMOVE FROM ROTARY DIES) November 11, 2005

AMENDMENT AND RESPONSE AFTER ADVISORY ACTION

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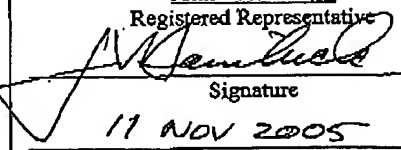
Sir:

In response to the Advisory Action mailed November 4, 2005, please consider the following amendments and remarks. Accompanying this Amendment is a fee of \$400 for two additional independent claims.

No other fees are believed to be due; however, please charge any fees deemed required to Deposit Account No. 23-3030, but not to include any payment of issue fees.

11/14/2005 TL0111 00000054 10630342
01 FC:1201 400.00 OP

RESPONSE TO ADVISORY ACTION
Serial No. 10/630,342
Docket No. 11009-22
Page 1 of 11

CERTIFICATE OF FACSIMILE I hereby certify that this correspondence is being directed to the Commissioner of Patents via facsimile to the Examiner of record at 571-273-8300 on November 11, 2005. <u>John V. Daniluck</u> Registered Representative  Signature <u>11 NOV 2005</u> Date
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11009-22-JVD:371705

TABLE OF CONTENTS

This amendment and response includes the following:

Amendments to the Claims begin on page 3.

Remarks begin on page 9.

RESPONSE TO ADVISORY ACTION

Serial No. 10/630,342

Docket No. 11009-22

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